

State of Indiana Employee Plan Information

Name of medical plan : Wellness Consumer Driven Health Plan
 Type of medical plan: HDHP with HSA
 Plan Year: 1/1/2016 - 12/31/2016
 Is the plan fully insured or self insured: Self Insured

	No. of Enrollees	Annual Employer Contribution	Total Annual Cost
Employee Only Coverage	1773	\$ 4,778.28	\$ 8,471,890.44
Employee + 1			\$ -
Employee + Spouse			\$ -
Employee + Spouse + 1 child			\$ -
Family	3674	\$ 14,472.12	\$ 53,170,568.88
		Total Employer Plan Cost	\$ 61,642,459.32

Name of medical plan : Consumer Driven Health Plan 1 (CDHP 1)
 Type of medical plan: HDHP with HSA
 Plan Year: 1/1/2016 - 12/31/2016
 Is the plan fully insured or self insured: Self Insured

	No. of Enrollees	Annual Employer Contribution	Total Annual Cost
Employee Only Coverage	7939	\$ 5,027.88	\$ 39,916,339.32
Employee + 1			\$ -
Employee + Spouse			\$ -
Employee + Spouse + 1 child			\$ -
Family	10269	\$ 14,971.32	\$ 153,740,485.08
		Total Employer Plan Cost	\$ 193,656,824.40

Name of medical plan : Consumer Driven Health Plan 2 (CDHP 2)
 Type of medical plan: HDHP with HSA
 Plan Year: 1/1/2016 - 12/31/2016
 Is the plan fully insured or self insured: Self Insured

	No. of Enrollees	Annual Employer Contribution	Total Annual Cost
Employee Only Coverage	636	\$ 5,430.36	\$ 3,453,708.96
Employee + 1			\$ -
Employee + Spouse			\$ -
Employee + Spouse + 1 child			\$ -
Family	463	\$ 15,776.28	\$ 7,304,417.64
		Total Employer Plan Cost	\$ 10,758,126.60

Name of medical plan : Traditional PPO
 Type of medical plan: PPO
 Plan Year: 1/1/2016 - 12/31/2016
 Is the plan fully insured or self insured: Self Insured

	No. of Enrollees	Annual Employer Contribution	Total Annual Cost
Employee Only Coverage	275	\$ 6,029.40	\$ 1,658,085.00
Employee + 1			\$ -
Employee + Spouse			\$ -
Employee + Spouse + 1 child			\$ -
Family	71	\$ 16,974.36	\$ 1,205,179.56
		Total Employer Plan Cost	\$ 2,863,264.56

1	Total number of health insurance eligible employees including Board members and legal counsel	29,614
2	Are all individuals insured under the state's employee health coverage eligible for the same plans?	Y
2a	If your answer is "N", please explain how your practice comports with IC 20-26-17-5(4)(A).	
3	How many employees receive compensation for electing not to enroll in the group health insurance program?	0
4	What is the annual dollar amount paid to employees that elect not to enroll in the group health insurance program?	\$ -
5	Additional compensation, if any, provided to member(s) to offset the cost of health care coverage?	\$ -
5a	Please provide an explanation of any arrangement	
6	Does the State offer/sponsor an on-site clinic?	Y
6a	If so, is it funded outside the health plan?	N
7	Total number of employees including Board members and legal counsel enrolled in your health plans	25,100
8	Total Employer Contribution to all Health Plans (sum of "Total Employer Plan Cost" from Section 2 for all health plans offered by the State)	\$ 268,920,674.88
9	Total annual employer contributions for all participants to a Health Savings Account (HSA), Health Reimbursement Account (HRA), Medical Flexible Spending Account (FSA), or Active VEBA	\$ 37,698,442.08
10	Total Broker or Benefit Consultant fees paid if they are not included in the premium.	\$ -
11	Sum of line 8-10	\$ 306,619,116.96
12	State's Average Employer Cost Per Employee Per Year (line 11/line 7)	\$ 12,215.90